



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8463 • FAX (314) 863-0296 • jegel@claytonmo.gov

APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

Revised March 12, 2014

Permit# RO _____

A RESIDENTIAL OCCUPANCY PERMIT IS REQUIRED FOR ALL RESIDENTIAL RENTAL UNITS/PROPERTIES

Multi-Family- Apartment, Condominium and Duplex Units: Permit and inspection fee - \$60.00

First and second inspection included. Subsequent re-inspections - \$35 each instance

*If the dwelling unit is occupied prior to inspection approval a \$120.00 fee is due.**

Single Family Residence: Permit and inspection fee - \$80.00

First and second inspection included. Subsequent re-inspections - \$55 each instance

*If the dwelling unit is occupied prior to inspection approval a \$160.00 fee is due.**

**Additionally, property owners that permit occupancy of properties prior to inspection approval may be subject to legal action which could result in substantial fines.*

A permit is hereby requested by those named below to occupy the premises known as:

NO _____ Street _____ Unit _____

in the City of Clayton, Missouri. Anyone occupying the premises are named herein. Any person not named herein who moves into these premises after the permit is issued is violating the law unless such additional occupancy is authorized by the Planning and Development Services Department, and the permit amended.

Applicants Name _____ Phone (____) _____

☐ OWNER ☐ MANAGER ☐ AGENT ☐ SELLER ☐ TENANT

Dwelling Type: ☐ Single Family ☐ Condominium ☐ Duplex ☐ Apartment

Owner occupied single family and duplex units are not required to have an Occupancy Permit

PLEASE PRINT CLEARLY (First and Last Names)

Name of Head of Household who will occupy unit: _____

Name of Spouse who will occupy unit: _____

Children who will occupy unit: (First and Last Names)

Name: _____ Name: _____

Name: _____ Name: _____

Names of unrelated persons who will occupy unit: (First and Last Names)

Name _____ Name _____

Name _____ Name _____

Date of occupancy (REQUIRED) _____ (For 5 year renewal, please indicate date of initial occupancy)

Total number of rooms in unit _____ Number of Bedrooms _____ Number of Bathrooms _____

Owners Name _____ Phone (____) _____

Owners Address _____
(Street) (City) (State) (Zip)

Driver's License Number _____ Issuing State _____

E-Mail Address _____

Manager/Agent _____ Phone (____) _____

Manager/Agent Address _____
(Street) (City) (State) (Zip)

Manager/Agent Driver's License Number _____ Issuing State _____

E-Mail Address _____

NOTE: It is the responsibility of the owner or managing agent to contact the building inspector to arrange an appointment for the necessary inspections. Copies of the issued Occupancy Permit will be mailed to both tenant and managing agent.

Date inspection desired _____

I certify that I am the owner/manager/tenant of the unit described in this application and that the answers contained herein are true and accurate in all aspects to the best of my knowledge.

Signature _____ Date _____

Please Print Name _____